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**\*BIBDATASHEET\***

CONFIRMATION NO. 8679

Bib Data Sheet

<b>SERIAL NUMBER</b> 10/620,180	<b>FILING OR 371(c) DATE</b> 07/15/2003 <b>RULE</b>	<b>CLASS</b> 435	<b>GROUP ART UNIT</b> 1651	<b>ATTORNEY DOCKET NO.</b> P-8024.02 CONTINUATION 2
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**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a CON of 09/257,543 02/24/1999 PAT 6,617,142 which is a CON of 09/067,188 04/27/1998 PAT 5,925,552  
 which is a CIP of 09/001,994 12/31/1997 PAT 5,945,319  
 which is a CIP of 08/635,187 04/25/1996 PAT 5,821,343  
 and is a CIP of 08/984,922 12/04/1997 PAT 5,891,506  
 which is a CIP of 08/694,535 08/09/1996 PAT 5,728,420  
 This application 10/620,180  
 is a CIP of 09/012,056 01/22/1998 PAT 6,033,719  
 and is a CIP of 09/001,994 12/31/1997 PAT 5,945,319  
 and is a CIP of 09/010,906 01/22/1998 PAT 5,928,916

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*****IF REQUIRED, FOREIGN FILING LICENSE GRANTED****\*\* 09/09/2003**

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> MN	<b>SHEETS DRAWING</b> 0	<b>TOTAL CLAIMS</b> 10	<b>INDEPENDENT CLAIMS</b> 1
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

**ADDRESS**

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**TITLE**

METHOD FOR ATTACHMENT OF BIOMOLECULES TO MEDICAL DEVICE SURFACES

<b>FILING FEE RECEIVED</b> 750	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____
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